

**LEWISTON SCHOOL DISTRICT
2026-2027 TEACHER OF THE YEAR
NOMINATION FORM**

Name of Nominee: _____

Current Position: School _____ Grade/Program _____

Please tell why this nominee deserves to be named as the Lewiston School District Teacher of the Year for 2026-2027. (Attach additional sheets if necessary.)

Person Making Nomination: _____

(Will be kept confidential)

Deadline: Please return to **Human Resources Office** at Central Services by **Friday, February 13, 2026.**